

Integrative - or integrated - health? The UK and European experience

**A submission to
the Senate HELP Committee Hearing on Integrative Health Care
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I have been active in the field of 'integrated' health care for over 30 years. I currently lead a UK government grant "Integrated Self-care in Family Practice" which is developing ways to support patients' self-reliance in their health care and recently set up the first Masters program in Integrated Health at a medical school in the UK. My bio has also been submitted.

This submission reflects the different cultures within UK and Europe and the role that integrated health has played against the backdrop of change in healthcare provision. Health services in the UK and Europe are often described as 'socialized'. It is indeed the case that European Member States all provide relatively more central funds for health care. However all are also looking for ways to spend less on health care and integrated health is seen as a way in which the public may take a bigger share of costs as well as responsibilities for their health.

Most of the following relates to the United Kingdom where the term 'integrated health' has more currency. It is generally taken to mean the integration of complementary and alternative medicine (CAM) with the mainstream. It should be noted however that health care in much of continental Europe has been relatively integrated in this way for decades. A German or French physician will regularly prescribe 'phytomedicines' (*aka* 'herbal medicinal products'). Medicines like ginkgo, hawthorn, valerian, horse chestnut, St John's wort, saw palmetto are routinely prescribed for major clinical conditions like dementia, heart disease, insomnia, venous disease, depression and prostate disease (respectively) in preference to synthetic medicines. Each of the products concerned will be manufactured to pharmaceutical standards so are reliable and well-documented. (I refer to my experience as Secretary of ESCOP, a network of researchers and practitioners across Europe that publishes formal drug dossiers for the Herbal Medicinal Products Committee of the European Medicines Agency – www.escop.com) In most cases such prescription is no longer reimbursed from central funds so the continuing use of these medicines is directly in response to self-financed public demand. All European pharmacies will also have large and prominent stocks of herbal pharmaceuticals which are entirely in the self-medication sector. There are also many homoeopathic treatments available from pharmacies, and physicians and other European health professionals may be associated with the provision of therapies like aromatherapy, hydrotherapy, naturopathy, and 'Anthroposophic' medicine. That such provision is available clearly reflects a different cultural expectation among the population.

In the UK integrated health has emerged out of the flowering of alternative and then complementary medicine from the 1970s. Unlike most of Europe the UK maintained common law principles in the provision of health care so that it is possible to practise most CAM therapies without a licence (the extremely low professional liability insurance cover for most CAM practitioners – generally less than US\$200 per annum – suggests that this has not been a public hazard). In this benign climate there has been extensive professional development in these therapies and two, osteopathy and chiropractice were state licensed in the 1990s and acupuncture and herbal practice are likely to achieve the same status very soon. However none of these therapies has, or is likely to be, provided through the state-funded National Health Service.

There is however evidence that the use of CAM may reduce central costs. In a recent government pilot study in Northern Ireland,¹ 713 patients with a range of ages and demographic backgrounds and either physical or mental health conditions were referred to various CAM therapies via nine family medicine practices.

- around 80% of patients reported an improvement in their physical or mental health;
- in 65% of patient cases, family physicians documented a health improvement;
- 94% of patients said they would recommend CAM to another patient with their condition;
- half of family physicians reported prescribing less medication and all reported that patients had indicated to them that they needed less;
- 65% of family physicians reported seeing the patient less following the CAM referral.

Such data, supported in other studies, may offset criticisms that the relatively poor evidence base for CAM therapies means that integration with mainstream medicine is not appropriate.

There is no doubt that the public has taken to CAM therapies and that individuals are willing to pay for them outside free National Health Service provision. Various surveys suggest that up to half the population has tried a CAM treatment and that around 20% are regular users.

A leading supporter for integration has been HRH The Prince of Wales who as heir to the Throne has significant influence on public debate. He has set up the Prince's Foundation for Integrated Health whose website (fih.org.uk) is a major resource on this subject. In its definition the Foundation highlights several key features of the phenomenon.

What is Integrated Health?

Responsibility for our health isn't something we can simply delegate to doctors and medicine.

Most aspects of health are a reflection of the way we live our whole lives ...

... But once somebody is ill, treating their problem with an integrated approach means bringing together mainstream medical science with the best of other traditions.

Integrated health is a response to the changing patterns of disease in the early 21st century.

The patients now taking up around 80% of the time and resources of the health service are those experiencing a slow slide into chronic conditions – such as allergies, back pain, stress or heart disease. Unaddressed, these illnesses can accumulate into crippling conditions.

We know too that empowerment is good for patients. ... when patients are equal partners in the management of their own health, it can actually have an affect on their clinical outcomes ...

Of course, even the most fortunate person will in the end experience the effects of degeneration, old age and approaching death. So finally, integrated health looks beyond physical health to the factors that can give us solace, courage and dignity in difficult times.

This approach presents challenges for the general public and healthcare practitioners. Patients cannot just wait passively for others to find solutions. Doctors have to listen to their patients and seek more creative solutions ...

To conclude integrated health in the UK is seen as an approach that may shift the locus of control from the physician to the patient, and one that the public is willing to pay for. These are reasons to commend it for serious consideration by policy makers in the USA.

¹ <http://www.dhsspsni.gov.uk/index/hss/complementary-alternative-medicine.htm>